



**DEPARTMENT OF HEALTH & HUMAN SERVICE
PORTLAND AREA INDIAN HEALTH SERVICE
DIVISION OF PERSONNEL MANAGEMENT**

PORTLAND AREA IHS IS A SMOKE FREE AGENCY

Preference in filling vacancies is given to qualified Native American Indian candidates in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In other than the above, the Indian Health Service is an Equal Opportunity Employer and all qualified candidates will receive consideration without regard to race, color, sex, national origin, marital status, age, religion, labor organization affiliation, physical handicap, political affiliation, or sexual orientation.

ANNOUNCEMENT NUMBER:

WR-06-153 MP-ESEP

OPEN DATE:

September 14, 2006

CLOSE DATE:

October 4, 2006

POSITION TITLE/SERIES/GRADE:

**Medical Records Technician (Coder), GS-0675-06/07
Three positions available**

STARTING SALARY:

**GS-06 - \$31,601 - \$41,080 GS-07 - \$35,116 - \$45,648
(May be adjusted for previous or current Federal employees)**

LOCATION:

**Yakama Service Unit, Toppenish, WA
*This position is located within a clinical setting on the Yakama Indian Reservation**

APPOINTMENT/WORK SCHEDULE:

**One position - Full-Time Permanent
Two positions - Full Time Temporary
Benefits Packages Available**

PROMOTION POTENTIAL:

Yes, to GS-07

RELOCATION EXPENSES:

**Will not be authorized in accordance with Federal Travel Regulations
(If an Indian Preference Candidate is selected from outside the commuting area,
Relocation costs will be paid).**

AREA OF CONSIDERATION:

Nationwide

WHO MAY APPLY:

- **Excepted Service Examining Plan Candidates (ESEP)** – Individuals entitled to Indian Preference who wish to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116(B)(B).
- **Merit Promotion Plan Candidates (MPP)** – Current permanent competitive Federal status employees, reinstatement eligibles, and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, etc).
- **Veteran's Preference** – Preference eligible veterans who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply. Disabled Veteran's with 30% or more disability are encouraged to apply.

Indian Preference candidates who are currently on career or career conditional appointments or who are eligible for reinstatement must indicate on their application if they wish to be considered under the Merit Promotion Plan or the Excepted Service Examining Plan, or both. If they do not, their application will be considered only under the Merit Promotion Plan. (Indian Preference candidates are persons who are enrolled in a federally recognized tribe as defined by the Secretary of the Interior, and who submits a properly completed and signed BIA-4432 form.)

NOTE: Temporary appointments made from this announcement may be extended without further competition, up to the time frames allowed by law or regulation; but extension is not guaranteed.

JOB DESCRIPTION: This position is located in the Health Information Management Office of the Yakama Service Unit. Duties of the position include, but are not limited to the following: Assigns and sequences CPT and HCPCS codes to diagnoses and procedures obtained from documented information. Verifies physician/medical provider's final diagnosis and medical procedure are valid and complete. Selects and conducts a thorough review of records and guidelines to select the most accurate and descriptive codes in accordance with coding systems. Uses coding conventions, techniques, rules, and HCFA Regulations. Keeps up-to-date with current codes and trends, and with medical compliance and reimbursement policies. Works with automated records systems, data entry, and encoder software. Performs various auditing duties related to physician practice management and coding to maintain compliance with payer reimbursement policies, government regulations, and Medicare/CMS guidelines. Reviews explanations of benefits from insurance providers, evaluating denied claims and files appeals for denied claims. Orientates and trains new employees, practitioners, and other staff in office functions. Maintains confidentiality of all information in accordance with the provisions of the Privacy Act of 1974 and the Freedom of Information Act. Performs other duties as assigned.

QUALIFICATION REQUIREMENTS FOR THE JOB: Candidates who are applying for this job are responsible for providing SUFFICIENT EVIDENCE to show they fully meet the qualification requirements. We recommend the use of PERCENTAGES to document one full year of EXPERIENCE, especially if you are changing JOB SERIES.

GS-05: applicants must have one year of specialized experience equivalent to the GS-4 level in the Federal service, **OR** have four years of education above high school.

GS-06: Applicants must have one year of specialized experience equivalent to the next lower grade level in the Federal service.

GS-07: Applicants must have one year of specialized experience equivalent to the next lower grade level in the Federal service.

Specialized experience is defined as experience that has equipped the applicant with the particular knowledge, skills, and abilities to successfully perform the duties of the position, and that is typically in or related to the work of the position to be filled. Examples of such experience are experience which involved the performance of work requiring an in-depth or broad knowledge of analyzing and coding diagnostic and procedural information. Knowledge of medical science, medical technology, and pharmacology to include symptoms, tests, diagnostic rationale, and treatment protocols, and ICD-9 and CPT 4 coding procedures.

As a general rule, education is not creditable above GS-5 grade level; however, graduate education may be credited in those few instances where the graduate education is directly related to the work of the position.

BASIS OF RATING: Ratings will be based on your experience as it relates to the qualification requirements and on the knowledge, skills, and abilities (KSA's) listed. You should provide detailed evidence of the KSA's in your application in the form of clear, concise, examples showing level of accomplishment and degree of responsibility. Qualified candidates will be assigned a score between 70 and 100, not including points that may be assigned for veterans' preference. Applicants who meet the basic qualifications and do not respond to these KSA's will only receive a score of 70 out of a possible 100.

Element 1: Ability to perform technical aspects of coding diagnostic and procedural information to capture data to obtain reimbursement for medical service provided. (Knowledge of ability to assign ICD-9, CPT and HCPCS codes.)

Element 2: Ability to plan, organize, and prioritize work. (Ability to accomplish one's own work in the most efficient manner.)

Element 3: Ability to organize and maintain records, manuals, and files. (Maintain and assemble a wide variety of correspondence.)

Element 4: Ability to meet and deal with a variety of individuals. (Establish positive interpersonal relations in person and by telephone.)

Element 5: Skill in operating PC and/or word processing procedures and equipment. (Knowledge of any automated data processing equipment.)

Element 6: Ability to maintain security of confidential information. (Ability to recognize, analyze, and apply strict rules of confidentiality.)

CONDITIONS OF EMPLOYMENT:

1. Selectee(s) are required to be immunized against Measles and Rubella and provide medical documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant.
2. Selectee(s) are required to complete a Security questionnaire and fingerprint chart for investigative purposes for use in determining suitability for Federal employment within seven days of their start date.
3. Selectee(s) are required to complete a "Declaration of Federal Employment - Optional Form 306" to determine your suitability for Federal employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
6. Work is sedentary; good eye-hand coordination and concentration is required.

TIME IN GRADE: Federal status applicants must have completed at least 1 year of service in a position no more than one grade lower than the position to be filled. If selected under the Excepted Service Examining Plan, individuals may be appointed without regard to time-in-grade requirements.

LEGAL AND REGULATORY REQUIREMENTS: Federal status applicants must meet time-after competitive appointment, time-in-grade, and qualification requirements within 30 calendar days after the closing date of the vacancy announcement.

METHOD OF EVALUATION: Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities, special awards, experience related to tribal communities and projects, and also on the information provided in the applicant's responses to the following Knowledge, Skills, and Abilities.

REASONABLE ACCOMMODATION: The Indian Health Service provides reasonable accommodation to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the Human Resource Specialist named below. The decision on granting reasonable accommodation will be on a case-by-case basis.

HOW TO APPLY/REQUIRED FORMS:

1. Applicants may use one of the following to apply: (1) OF-612 Optional Application for Federal Employment, **or** (2) Resume (see requirements in **Attachment A**).
2. Copies of transcripts must be provided if substituting education for experience.
3. If claiming Indian Preference, BIA Form 4432 "Verification of Indian Preference for Employment in BIA and IHS."
4. If claiming Veteran's Preference, copy of DD-214 Form, and SF-15 if claiming 10 point Veteran's Preference.
5. Copy of latest Personnel Action (SF-50), if a current or former Federal employee, and/or if requesting Reinstatement Eligibility.
6. Copy of most recent performance appraisal, if a current Federal employee.
7. Completed Optional Form 306 (form attached)
8. Completed Selective Service Registration Form (form attached)

9. Written Responses to the Knowledge, Skills, and Abilities (OPTIONAL ~ failure to submit may result in an ineligible rating or substantially lower score).

To be considered for this position all applicable applications paperwork must be received at the address below by 4:30 pm on the closing date of this announcement.

Application and required forms must be identified by this announcement number and submitted to the address below:

**Portland Area Indian Health Service
Division of Personnel Management
1220 SW 3rd Avenue, Room 476
Portland, OR 97204**

**ATTN: Karen Oxendine, Human Resource Specialist
Phone: (503) 326-3020
Fax: (503) 326-5787**

All submitted materials are subject to retention by this office. You should duplicate and retain copies, since requests for copies will not be honored. Additional information regarding Federal job openings can be obtained at www.usajobs.gov, or check the IHS Website at www.ihs.gov. All documents are subject to the provisions of the Privacy Act (PL 93-579) and become the property of DHHS.

Additional selections of candidates may be possible within 90 days from the date the certificate of eligibles is issued for this announcement, for filling additional or similar positions.

Personnel Officer: _____ Date: _____

ATTACHMENT A

Resume Requirements - Your resume or other application format ***must*** contain the following information to allow for qualification determination. ***Failure to submit a complete application may result in your application not being considered for this position.***

1. **Job Information** (announcement number, title and grade(s) of the job you are applying for).
2. **Personal Information**
 - Full Name (first, middle, last ~ include other names used, i.e., maiden name)
 - Mailing Address
 - Phone Number you can be reached at.
 - Email Address (if applicable)
 - Social Security Number
 - Country of Citizenship (U.S. citizenship required)
3. **Education:** list high school and colleges attended, type of degrees (list major) received, date of degree conferred, city and state of school. ***If no degree received, please document the number of credit hours you possess.***
4. **Work Experience:** (include non-paid work as well as paid)
 - Job Title (if Federal employment, indicate series and grade)
 - Duties and Accomplishments
 - Employer's name and address
 - Supervisor's name and phone number
 - Starting and ending dates of employment (month/year)
 - Hours of work per week
 - Salary
 - Indicate if you do not want us to contact your current supervisor (if not specified, it will be assumed that we may do so)
5. **Other Qualifications**
 - List job related training (title, year obtained, hours of training)
 - Honors or awards received
 - License or certificates obtained (submit with application)
 - Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc)

COMMON OMISSIONS – from applicants

1. ***No transcript or copy of diploma. If you are substituting education for experience you must include a copy of your transcripts/list of courses OR copy of your diploma.***
2. ***Missing starting and ending dates of employment (month/year).***
3. ***Missing total number of hours worked per week.***
4. ***Missing OF-306***
5. ***Missing Selective Service form***
6. ***Missing BIA form 4432 (if claiming Indian Preference)***

ATTACHMENT B

Special Instructions for Surplus or Displaced Employees

1. You may be eligible for special selection priority consideration under the Career Transition Assistance Program (CTAP) if you are a current career or career-conditional (tenure group I or II) employee of the DHHS Agency at the GS-15 grade level or below or equivalent, and who has received a specific RIF separation notice or a Certificate of Expected Separation indicating your job is surplus, or notice of removal for declining a directed reassignment or transfer of function outside the local commuting area. To qualify for special selection priority consideration under CTAP you **MUST** also meet the criteria shown in paragraph 3 below.
2. You may be eligible for special selection priority consideration under the Interagency Career Transition Assistance Program (ICTAP) if you are a current or former career-conditional (tenure group I or II) employee of any agency in the competitive service at the GS-15 grade level or below or equivalent, who has received a specific RIF separation notice or a notice of proposed removal for declining a directed reassignment or transfer of function outside the local commuting area. You may also be eligible if you were separated because of a compensable injury and your compensation has been terminated; or you retired with a disability and your disability annuity has been or is being terminated; or you were in receipt of a RIF separation notice and retired on the effective date of the RIF or under discontinued service; or you are a former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM. To qualify for special selection priority consideration under ICTAP you **MUST** also meet the criteria shown in paragraph 3 below.
3. To qualify for special selection priority consideration under CTAP or ICTAP for this vacancy, you **MUST** also meet **ALL** of the following:
 - (a) Have a current or last performance rating of record of at least fully successful or equivalent. A copy **MUST** be submitted with your application package. (Note: this requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
 - (b) Be applying for a position at or below the grade level from which you will be, or have been separated, and which does not have a greater promotion potential than the position from which you will be, or have been separated.
 - (c) Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
 - (d) File your application by the vacancy announcement closing date and meet all the applicable criteria. Your application **MUST** include **ALL** documents that support your claim of eligibility for priority consideration – RIF separation notice, or notice of proposed removal for declining a directed reassignment or transfer of function to another commuting area; SF-50 Notification of Personnel Action, showing that they were separated as a result of RIF, or for declining a transfer of function or directed reassignment to another commuting area; official certification from an agency stating that it cannot place an individual whose injury compensation has been or is being terminated; official notification from OPM that an individual's disability annuity has been or is being terminated; or official notification from the Military Department or National Guard Bureau that the employee has retired under 5 USC 8337(h) or 8456.
 - (e) Be rated "well qualified" for this position. A numerical rating of 85 is considered to be well qualified for this position.

OF-306
Declaration for Federal Employment

Form Approved: September 1994 - US Office of Personnel Management - OMB No. 3206-01827775 NSN 7540-01-368-5306-101

GENERAL INFORMATION

1. FULL NAME: _____ 2. SS NUMBER: _____
3. PLACE OF BIRTH: _____ 4. DATE OF BIRTH (MM/DD/YY): _____
5. OTHER NAMES EVER USED (for example, maiden name, nickname, etc.): _____
6. PHONE (include area codes) Day: _____ Night: _____

MILITARY SERVICE:

7. Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "No." Yes _____ No _____

If you answered "Yes," list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.

BRANCH: _____

FROM _____ TO: _____

TYPE OF DISCHARGE: _____

BACKGROUND INFORMATION

For all questions, provide all additional information requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 8, 9 and 10, your answers should include convictions resulting from a plea of nolo contendere (no contest). But omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) and conviction set aside under the Federal Youth Corrections Act or similar State Law, and (5) any conviction whose record was expunged under Federal or State law.

8. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "Yes," use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

Yes { } No { }

9. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "No.") If "Yes," use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

Yes { } No { }

10. Are you now under charges for any violation of law? If "Yes," use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

Yes { } No { }

11. During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you barred from Federal employment by the Office of Personnel Management? If "Yes," use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.

Yes { } No { }

12. Are you delinquent in any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes," use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

Yes { } No { }

CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS
ADDITIONAL QUESTIONS

13. Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "Yes," use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.
Yes { } No { }
14. Do you receive, or have you ever applied for, retirement pay, pension, or other pay based military, Federal, civilian, or District of Columbia Government service?
Yes { } No { }
15. Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, social security number, and item number, and the include Zip codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask them).

CERTIFICATIONS/ADDITIONAL QUESTION

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 16/16b and answer item 17.

13. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment, I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

16a. Applicant's Signature (sign in ink) Date

16b. Appointee's Signature (sign in ink) Date

17. Appointee Only (Respond only if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

17a. When did you leave your last Federal job? Date: _____

17b. When you worked for the Federal Government the last time, did you waive Basic Life insurance or any type of optional life insurance?

Yes { } No { }

- 17c. If you answered "Yes" to item 17b, did you later cancel that waiver(s)? If your answer to item 17c is "No" use item 15 to identify the type(s) of insurance for which waivers were not canceled.

Yes { } No { }

APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for appointment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS

Check one:

- ☐ I certify I am registered with the Selective Service System.
- ☐ I certify I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law.
- ☐ I certify I have not registered with the Selective Service System.
- ☐ I certify I have not reached my 18th birthday and understand I am required by law to register at that time.

NON-REGISTRANTS UNDER AGE 26

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular office if you are outside the United States.

NON-REGISTRANTS AGE 26 OR OVER

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel agency Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency that was considering you for employment by returning this statement with your written request for an OPM determination together with any explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

PRIVACY ACT STATEMENT

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by the statement failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

FALSE STATEMENT NOTIFICATION

A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment. (Section 1001 of title 18, United States Code.)

Legal signature of individual {Please use ink}

Date signed (Please use ink)

VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT
IN BUREAU OF INDIAN AFFAIRS AND INDIAN HEALTH SERVICE ONLY

To establish eligibility for Indian Preference for employment with BIA/IHS, complete one of the categories below and submit with your SF-171 or OF 612: Application for Federal Employment.

Category A: MEMBER OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES

This is to certify that the person named below is a member of the tribe indicated:

_____	_____	_____
Full Name	Date of Birth	Tribal Affiliation

I certify that the above information was taken from the official membership records of the _____ Tribe and acknowledge that falsification and misrepresentation of this information is punishable under Federal Law.

_____	_____	_____	_____
Tribal Representative	Date	BIA Representative	Date

_____	_____
Title	Title

Agency Name

Category B: DESCENDENTS OF MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE 1, 1934.

This is to certify that the person named below has established to my satisfaction that he is a descendent of an enrolled member of the tribe named below and that he was living on an Indian reservation on June 1, 1934. The applicant's family history is outlined on the attached family history chart:

_____	_____	_____
Name of Individual	Date of Birth	Reservation of Residence on June 1, 1934

_____	_____
Ancestor	Tribal Record of Affiliation

_____	_____
Date	BIA Representative

Title

Agency Name

Category C: PERSONS WHO POSSESS AT LEAST ONE-HALF DEGREE INDIAN BLOOD DERIVED FROM TRIBES
INDIGENOUS TO THE UNITED STATES:

This is to certify that I have reviewed the documentation to support the below listed individual's claim to the possession of at least one-half degree Indian blood. The attached family history chart outlines the individual's family history:

_____	_____	_____
Name	Date of Birth	Degree of Blood and Tribal Derivation

Based on:

_____	_____	_____
	BIA Representative	Date

_____	_____	Title

_____	_____	
Name Records	Agency	

Category D: PERSONS OF ESKIMO OR OTHER ABORIGINAL PEOPLES OF ALASKAN DESCENT:

This is to certify that the person named below has established to my satisfaction that he is qualified for Indian preference because of his possession of Eskimo or other aboriginal peoples' blood of Alaska. The attached family history chart outlines the individual's family history.

_____	_____	_____
Name	Date of Birth	Alaska Native Group

	Record(s) on Which Based	

	BIA Representative	Date

	Title	

	Agency	